

City of Wakefield
Education Authority

Report of the
Principal
School Medical Officer
for the Year 1957



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Public Health Department,
Town Hall Chambers,
King Street,
Wakefield.
July, 1958.

*To the Mayor, Aldermen and Councillors
of the City of Wakefield.*

Mr. Mayor, Ladies and Gentlemen,

In presenting this Annual Report for the year 1957, I am pleased to be able to draw your attention to two developments which affect directly the School Health Service and which give me especial satisfaction, namely the B.C.G. Vaccination Scheme against Tuberculosis, and the opening of a school for educationally subnormal children.

Scheme of B.C.G. Vaccination against Tuberculosis

B.C.G. Vaccination has been tested for five years in this country, and, after careful thought, I advised the Wakefield City Council that in my opinion the scheme could be introduced here, without danger, and with considerable benefit to children who were leaving school.

The table on page 19 shows the number of children who were eligible for Mantoux testing and if necessary vaccination with B.C.G., and it is disappointing to note that acceptances from parents were received for only 42 per cent. of the total number eligible.

Of the children Mantoux tested, only 22 per cent. were positive. (A positive result means that the child has at some time or another been exposed to infection, and has already some degree of tuberculosis immunity.)

In the days before the pasteurisation of milk, the tubercular bacilli of a bovine type in milk were the main sources of infection for children, and although it resulted in tubercular glands in the neck it did provide a degree of immunity in most people. We no longer see tuberculosis of the peritoneum, and gone are the days when we used to see the crippling effects of Pott's disease, and the tuberculous hip, but tuberculosis is as rife as ever, and the source is not now the bovine tubercle bacillus, but a residual

reservoir of infection in adults. There are still too many adolescents becoming tuberculous. Still far too many who have stress problems becoming tuberculous, and this indicates that there is still a residuum of infected persons in the community. The National Health Service Act, 1946, resulted in the dichotomy of the tuberculosis service, and the task of eradicating this residuum is not being tackled as energetically as one could wish. It seems to me important as it is that the clinical aspects of tuberculosis are over emphasized, and not enough on the epidemiological aspect, although here I must stress that the co-operation between the Chest Physicians and the Health Visiting and School Nursing Staff in Wakefield is excellent.

It would seem that, in view of the high conversion rate (set out on page 20), that B.C.G. vaccination has come to stay.

The conversion rate of 99 per cent. is a real achievement, and I congratulate the staff on the precision with which they have performed these inoculations. I would also like to say how much I appreciate the co-operation we have received from the Director of Education and Head Teachers of the Secondary Schools in connection with the testing and vaccinating of these school children.

The care with which the B.C.G. vaccination scheme was inaugurated as a true epidemiological measure and the Public and School Health Services, deserves special comment and praise, and contrasts markedly with the way inoculation against poliomyelitis was introduced.

Opening of the Belle Vue Special School for Educationally Sub-Normal Children

I regard the establishment of this special school as a milestone on the road of education in this City.

I came to Wakefield in 1951, and after a few months it became evident to me that there was a great need for a school to be devoted specially to the needs of those children who could not benefit from education in a normal school. I accordingly submitted to the Education Committee, in September, 1951, a report, a copy of which I give below.

“The facilities for dealing with these children have now become negligible. The last child we were able to get into a Special School was over 18 months ago after being nearly two years on

the waiting list. We are now pressed by circumstances in the case of another child to find special educational treatment. The Education Department has made valiant efforts but to no avail. So acute is the shortage of places for such children that the existing establishments will not even consider to indicate when we might expect a vacancy. The Committee will realise that special educational treatment must be begun as soon as the need for it is discovered. Allowing this very important treatment to lapse causes a very rapid deterioration of mental attainment and social aptitude. Delinquency is the logical outcome in almost every case. The Committee I am sure are well aware of the need for this kind of treatment. Every Local Education Authority in this country since the new Education Act came into force has had to ascertain those in need of special educational treatment with the result that all the available establishments, of which there are very few, already are booked up for years ahead. I know that the normal children must be looked after but I feel that the time has come for the Education Committee to consider instituting a special school for this purpose within the environments of the City or to give consideration to the creation of D and E streams in every elementary school. The need for special educational treatment is one of the greatest urgency and I would like to suggest to the Committee that they keep this in mind when next one of the old schools becomes closed. I believe this matter has already been stressed by the Educational Psychologist in her report to the Committee and I would like to add all the weight I can in support of her advice to you."

Mr. Thompson, the Educational Psychologist, co-operates in a cheerful and delightful manner with the Health Visitors, other members of my staff, and the teachers, about the transfer of cases to the school, but I am still concerned about the length of time it takes to secure a place in a residential special school.

The delay is caused because certain administrative procedure is involved, and whereas in most circumstances the slowness of this procedure is irksome but not fatal, in the case of a child, whose ^{life} is short, it could well result in training being delayed so long as to make it ineffective.

For my part I encourage my staff to collaborate with the teaching staff in schools about all cases, and especially those presenting difficulty, and I hope that gradually it will be possible to shorten the present administrative procedure.

Psychiatric Services

We sorely need increased psychiatric services in the School Health Service. In 1951 I put forward to the Local Health Services Liaison Committee the following motion: "That in view of the scarcity of Child Psychiatrists of consultant rank, the Regional Board consider the employment of child psychiatrists as a branch speciality of psychiatrists, and that it make their services available to local education authorities the same as for other specialities", and I am glad to be able to say that this year the Regional Board are now thinking along these lines. I have continually urged that child psychiatry is a branch speciality of psychiatry. My knowledge of child psychiatry, built up over many years commencing before the war, has been of great service to me and this School Health Service. I would urge this Authority to note, therefore, that the School Medical Officers and myself are in a unique position as they should be to take a balanced view of child problems and difficulties and thus apply preventive methods in these formative years. I cannot leave this subject of preventive mental health without referring to the enormous pressure of the educative process being applied to children these days. I cannot resist saying that too much is given in too short a time. Such pressure and the competition involved in passing examinations has a very deleterious effect on the emotional stability and character of children. It seems that the most important part of education is the knowledge of how to live and behave without causing strife and discord. And all this because so many young people grow up to become adolescent too quickly without the paramount knowledge that one's neighbour matters more than oneself.

Transfer of School Clinic from King Street to Margaret Street

As more space was needed at the School Clinic because of the increased number of vaccinations and inoculations, and as more office accommodation was needed in King Street because of the addition to the staff of Mr. Gracey, the Mental Health Officer, it was decided to move the School Clinic to the premises in Margaret Street, where there is more room, and to spread the office accommodation over the rooms in King Street formerly occupied by the School Clinic.

This arrangement is now working satisfactorily, and with benefit to all concerned.

I must say a big thank you to the teachers of the Wakefield Schools who have been so helpful, and so patient where these medical and health matters disturb the routine of their school.

It is pleasant to be able to record that much has been accomplished this year in the School Health Service, and the friendly relations which exist between the staff of the Health Department and the staff of the Education Department have contributed to the progress which has been made.

I am indebted to the Director of Education and to the Education Committee for the interest and goodwill with which they have dealt with the various proposals put forward by me.

Yours faithfully,

C. G. K. THOMPSON,

Principal School Medical Officer.

EDUCATION COMMITTEE.

Chairman:

Alderman B. Johnson, J.P. (deceased 31st Oct., 1957)

Councillor G. Pilmer (from 1st November, 1957)

Deputy Chairman:

Councillor F. Ellis

The Mayor:

Councillor M. Fitzpatrick, J.P.

Alderman Mrs. E. H. Crowe, J.P.	Councillor D. Hutchings
Alderman E. Slater, J.P.	Councillor F. Oakley
Alderman H. Watson, J.P.	Councillor W. Prince, J.P.
Councillor D. Birkinshaw	Councillor A. Quinn, J.P.
Councillor E. E. Borkwood	Councillor S. Tiffany
Councillor H. Green	

Co-opted Members.

Mrs. K. E. Kingswell, M.A., J.P.

Mrs. A. Strickland

The Very Rev. N. T. Hopkins, M.A.

Mr. T. Smith

The Very Rev. Mgr. H. Thompson, V.G.

Mr. S. H. Waters, M.A.

Director of Education:

C. L. Berry, M.A.

Principal School Medical Officer:

C. G. K. Thompson, M.B., Ch.B., D.P.H.

I.—STAFF.

CYRIL GEORGE KAY THOMPSON, M.B., Ch.B., D.P.H.
Principal School Medical Officer.

GILBERT TATTERSALL, M.A., M.B., B.Ch., B.A.O., D.P.H.
Deputy Principal School Medical Officer.

JOHN KENNETH BUTTERFIELD, L.M.S.S.A. (Lond.)
School Medical Officer

GEORGE S. CUBITT, L.D.S. R.C.S. (Eng.)
Principal School Dental Officer.

*SYDNEY K. SLEDGE, M.B., Ch.B., D.O.M.S.
Consultant Ophthalmologist.

*THOMAS B. HUTTON, M.A., M.B., B.Chir., M.R.C.S.,
L.R.C.P., D.L.O.
Consultant Otologist.

*MARION AITKEN PEARSON, M.B., Ch.B., F.R.C.S.
Consultant Orthopaedic Surgeon.

*DAVID FENTON-RUSSELL, M.D., D.P.M., D.P.H.
Consultant Psychiatrist.

*HUMPHRY B. KIDD, M.B., B.Ch., Cert. Psych. R.C.P.S.(C).
Assistant Psychiatrist (resigned October, 1957)

*BERNARD R. TOWNEND, F.D.S.R.C.S.(Eng.), Dip.Orth.,
L.D.S. (L'pool).
Consultant Orthodontist.

ROXBY PEARSON, Senior School Nurse.

Amy Marshall

Elsie Inman

Margaret Topliss

Grace Brocklesby

*Ann Ward

} School Nurses

OLWEN PARRY, L.C.S.T.
Speech Therapist.

NORA McMANUS, Physiotherapist.

Margaret Downing, Nurse-in-Charge, Central School Clinic.

Barbara Ward, Dental Attendant.

Herbert W. Tate, Clerk.

Doreen Blanshard, Assistant to Clerk.

*Part-time.

RETURN OF NUMBER OF CHILDREN ON ROLL AT 31st DECEMBER, 1957

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary	29	36	6529
Secondary—			
Modern	6	6	2433
Grammar	1	1	629
TOTAL	36	43	9591

SCHOOL CLINICS

Treatment of Minor Ailments is carried out at the following school clinics:—

Central Clinic, Margaret Street.

Branch Clinics at Manygates Child Welfare Centre, Snape-thorpe School, and Heath View School.

Consultants to the Authority in ophthalmic conditions and ear, nose and throat conditions hold sessions in the central clinic.

Speech Therapy Clinic. This clinic is held at Margaret Street.

Orthopaedic Clinic. This clinic is held at Margaret Street. The Consultant Orthopaedic Surgeon attends periodically.

Ultra Violet Ray Clinic. This clinic is held at Margaret Street.

Dental Clinics. There are three dental clinics, the central clinic being held at the Public Health Department, King Street, and the branch clinics at Snapethorpe School and Manygates Child Welfare Centre.

PERIODIC EXAMINATIONS AND GENERAL CONDITIONS

2,119 children were examined in the prescribed age groups. Grading into two groups, satisfactory and unsatisfactory, is now the rule.

Ten children (0.48 per cent. of those examined) were regarded as unsatisfactory.

HEIGHT AND WEIGHT.

HEIGHT.

Age Group Years	BOYS				GIRLS			
	Average Height				Average Height			
	1957 Ft. Ins.		1956 Ft. Ins.		1957 Ft. Ins.		1956 Ft. Ins.	
5—6	3	7	3	6 $\frac{3}{4}$	3	6 $\frac{3}{4}$	3	6 $\frac{3}{4}$
10—11	4	6	4	5 $\frac{3}{4}$	4	5 $\frac{3}{4}$	4	6
14—15	5	1 $\frac{3}{4}$	5	1 $\frac{1}{2}$	5	1 $\frac{1}{2}$	5	1 $\frac{1}{4}$

WEIGHT

Age Group Years	BOYS				GIRLS			
	Average Weight				Average Weight			
	1957 St. Lbs.		1956 St. Lbs.		1957 St. Lbs.		1956 St. Lbs.	
5—6	3	0	2	13	2	13	2	12 $\frac{1}{4}$
10—11	5	1 $\frac{1}{2}$	5	1 $\frac{1}{4}$	5	1	5	0 $\frac{3}{4}$
14—15	7	6 $\frac{3}{4}$	7	6	7	6 $\frac{1}{2}$	7	6 $\frac{1}{4}$

CLEANLINESS.

1. Cleanliness of the Head.

Of the 2,119 children examined at periodic medical inspections 16 (0.75) were found to have verminous heads, and of these 3 were excluded from school.

2. Cleanliness of the Body.

12 children were noted at periodic medical inspections with dirty bodies (0.56 per cent.).

RESULTS OF SYSTEMATIC INSPECTION BY SCHOOL NURSES OF CHILDREN IN SCHOOLS AS REGARDS CLEANLINESS, ETC.

Total number examined	26,404	
Number found to be infested with vermin	384	(1.45 per cent.)
Number excluded from school	143	(0.54 per cent.)
Number with minor infestations ..	241	(0.91 per cent.)

Average number of days absent from school	5
Number of Forms 1 issued	126
Number of Forms 2 issued	67
Number of Forms 3 issued (Orders to Cleanse)	14
Number of Forms 4 issued	21
Number cleansed at Central School Clinic	25

4 prosecutions took place during 1957, the fines being £1 in three cases and 10/- in one case.

In all cases of infestation the parents are notified and advice as to treatment given, the School Nurses following up the cases.

Children requiring to be cleansed attend at the Town Hall Chambers, King Street, where the cleansing is carried out by a Home Help, under the supervision of a School Nurse.

A cleanliness inspection of all children is carried out in every school each term. The school nurses endeavour to complete the inspections as early in the term as possible.

MORTALITY AMONG SCHOOL CHILDREN, 1957 (Aged 5-14 years inclusive)

<i>Disease or other cause</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Influenza	2	—	2
Other defined and ill-defined disease	2	—	2
Accident	1	—	1
	<hr/> 5	<hr/> —	<hr/> 5

INFECTIOUS DISEASES

During the year 256 cases of Measles, 14 cases of Whooping Cough, 124 cases of Chickenpox, 40 cases of Mumps, and 25 cases of Scarlet Fever were reported as occurring amongst school children. No case of Diphtheria amongst school children was notified during the year.

Scarlet Fever.

Excluding cases where the diagnosis was revised, the number notified during 1957 was 40 and of these cases 25 (62.0 per cent.) were school children.

Scarlet Fever cases amongst school children were more prevalent in 1957, there having been 25 cases compared with 18 in 1956.

There was no death from Scarlet Fever during 1957.
The attack rate was 2.7 per 1,000 of the school population.

Diphtheria

No case occurring amongst school children was notified during 1957.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

1. Candidates for entrance to Training Colleges.

40 medical examinations were carried out by the school medical officers during 1957.

2. Entrants to the teaching profession.

6 medical examinations were carried out by the school medical officers during 1957.

AUDIOMETRY

Audiometry tests were carried out in connection with 4 children during the year. These children were tested on the grounds of suspected deafness, educational retardation, speech defects or slowness in answering.

Number examined: Boys	..	..	..	..	..	2
Girls	..	..	..	..	..	2
Normal	..	..	..	..	..	Nil
Slight loss: One Ear	..	..	..	..	..	1
Both Ears	..	..	..	..	..	2
Moderate to serious loss: 1 Ear	..	..	..	..	..	1
Both Ears	..	..	..	..	..	1

DENTAL SERVICE

Report of the Principal School Dental Officer

By G. S. Cubbitt, L.D.S.R.C.S. (Eng.)

The usual statistics are appended, and include details of the much valued orthodontic work done for Wakefield children by the Consultant Orthodontist, Mr. B. R. Townend. One case had to be abandoned owing to lack of parental co-operation, but most parents are deeply appreciative of this service.

As compared with 1956 there was a decline both in the number of children treated and in the number of attendances. This can be ascribed in part to the effects of the bus strike and the influenza epidemic; but, although I have no exact figures, my impression is that there has been a rise in the number of appointments broken without reasonable excuse. As it is now more important than ever that time should not be wasted, everything possible should be done to find a remedy. Most broken appointments occur in the Secondary Modern Schools. There is a relaxation of parental control over these pupils, and owing to the deficiencies of their education in matters of health, they are not themselves aware of the value of regular dental care. Consequently there is a temptation to ignore dental appointments, and to rely on being able to get immediate attention when the inevitable toothache occurs. Very often a reminder at school is all that is needed to secure attendance, but it seems to be nobody's business to do this. Co-operation from the schools at dental inspections is excellent, but inspections are of no value unless followed, where necessary, by treatment.

The interval between inspections is approximately 20 months, and it will be necessary to run very hard in 1958 in order to keep in the same place.

The willingness of practitioners in the National Health Service to accept children as patients has been helpful, but may be affected by the dental man-power situation which will follow the retirement of elderly practitioners.

The reluctance of young dental surgeons to enter the School Dental Service is now well known, and has most disturbing implications for the future. It is strange that, in this age of "working-parties", no attempt is made to find out the causes of this attitude and to apply the appropriate remedies.

A visit from Dr. Wynne of the Ministry of Education provided a welcome opportunity of discussing problems and difficulties in the light of his wide experience.

CONSULTANT SERVICES

The Orthopaedic Service.

Arrangements for the orthopaedic clinic, held at the Principal Child Welfare Centre, Margaret Street, continue on similar lines to those of previous years. Miss Pearson, the Consultant Orthopaedic Surgeon, held 4 sessions during the year, seeing 8 new cases. The number of re-examinations was 34. The Medical Officers examined 78 children.

The cases seen by Miss Pearson and the Medical Officers fell into the following categories:—

Classification of Defects	Cases seen in the current year	
	Cases seen for the first time in 1957.	First seen in previous years.
Congenital neuromuscular defects (e.g. hemiplegia and spastics)	—	5
Other congenital defects (including talipes)	—	1
Birth Paralysis (all Erb's type)	—	1
Non-tubercular deformities of spine (including torticollis)	1	1
Deformities of legs (knock knee, etc.) ..	5	4
Flat foot and valgus ankle	16	23
Other deformities of feet and toes	6	3
Deformities due to paralytic poliomyelitis	—	2
Miscellaneous defects	20	10
Totals	48	50

Ophthalmic Service.

This clinic is held at the Central School Clinic, Margaret Street, Mr. S. K. Sledge, the Consultant Ophthalmologist, attending two sessions weekly.

During 1957, 832 cases were examined of which 777 were new cases and 55 were re-examinations.

The number of prescriptions issued was 460.

Analysis of Eye Refractions and Defects (1,475 eyes).

1. Emmetropia	..	..	..	..	..	9 eyes
2. Hypermetropia	..	..	..	..	..	412 eyes
3. Myopia	..	..	..	..	..	105 eyes
4. Simple Hypermetropic Astigmatism	..	..	..	..	..	9 eyes
5. Compound Hypermetropic Astigmatism	..	..	..	..	..	651 eyes
6. Simple Myopic Astigmatism	..	..	..	..	..	84 eyes
7. Compound Myopic Astigmatism	..	..	..	..	..	16 eyes
8. Mixed Astigmatism	..	..	..	..	..	189 eyes
9. Defects other than Refractive Error	..	..	..	..	..	Nil
						<hr/> 1475 eyes <hr/>

Strabismus (Classified as a separate defect) .. 146 eyes
 (54 cases of Strabismus were of the alternating type).

The following cases of defective vision were specially noted because of the presence of conditions complicating the refractive error:—

1. High Myopia	..	..	..	..	..	2
2. Marked defect of vision	..	..	..	..	..	4
3. Marked Amblyopia	..	..	..	..	..	69
4. External disease or defect	..	..	..	..	..	4
5. Opacities of the cornea, lens and vitreous	..	..	..	..	..	11
6. Defects and diseases of the Retina and Choroid	..	..	..	..	..	8
7. Congenital Nystagmus	..	..	..	..	..	22

Ear, Nose and Throat Clinic.

This clinic continued to be held during 1957 at the Central School Clinic, Margaret Street. Mr. T. B. Hutton, Consultant for Diseases of the Ear, Nose and Throat, held 4 sessions during the year and examined 34 children, 33 new cases and 1 re-examination. Of these 22 were recommended for hospital treatment. 8 children received hospital treatment during 1957.

At the request of the Ministry of Education, the Medical officers, during their examination of all children at periodic medical inspections, made a note on the school medical record cards of the children who had undergone tonsillectomy any time previously.

The following table gives a summary of the information collected:—

Group Entrants	Total	Sex	
		Male	Female
Number examined	952	504	448
Number who have had tonsil- lectomy	70	32	38
Percentage	7.4	6.4	8.5

Group Intermediates	Total	Sex	
		Male	Female
Number examined	576	323	253
Number who have had tonsil- lectomy	67	41	26
Percentage	11.6	12.7	10.3

Group Leavers	Total	Sex	
		Male	Female
Number examined	508	238	270
Number who have had tonsil- lectomy	86	42	44
Percentage	16.9	17.6	16.3

Totals		Sex	
		Male	Female
Number examined	2036	1065	971
Number who have had tonsil- lectomy	223	115	108
Percentage	11.0	10.8	11.1

CO-OPERATION OF PARENTS

During 1957, 38 per cent. of the parents, generally the mother, attended at periodic medical inspections.

CO-OPERATION OF TEACHERS

The teachers give, as they always have done, the greatest possible help and co-operation in the work of the School Health Service. It is impossible to speak too highly of their assistance without which the work would lose much of its efficiency.

CO-OPERATION OF VOLUNTARY BODIES

The two Societies that afford most help in connection with the School Health Service are the Wakefield Social Service Council and the National Society for Prevention of Cruelty to Children. The former Society, which includes an active Guild of Help, undertakes much of the care work of the Corporation, and is of great assistance in supplying food and clothing in necessitous cases of a temporary character. Cases of apparently wilful neglect are referred to the latter Society for investigation and any necessary action, and Inspector Edmunds has proved a most helpful and zealous coadjutor. The Mayor's Boot Fund has also done most useful work during 1957 and supplied 18 pairs of boots or shoes to necessitous children.

HANDICAPPED CHILDREN

(a) BLIND CHILDREN.

At the end of the year there was one child (a boy) in a Residential Special School.

(b) PARTIALLY SIGHTED CHILDREN.

There was one child (a boy) in a Residential Special School.

(c) DEAF CHILDREN.

There were 5 children (4 boys and 1 girl) in Residential Special Schools.

(d) PARTIALLY DEAF CHILDREN.

One child (a girl) was in a Residential Special School.

(e) PHYSICALLY HANDICAPPED CHILDREN.

One boy was in a Residential Special School.

(f) DELICATE CHILDREN.

2 children (girls) were in a Residential Special School.

(g) MALADJUSTED CHILDREN.

2 children (boys) were in a Residential Special School.

(h) EDUCATIONALLY SUB-NORMAL CHILDREN.

At the end of the year there were 63 children (36 boys and 27 girls) on the Register. 10 were in primary or secondary schools, 3 were in Residential Special Schools, and 50 attended a Day Special School.

BELLE VUE SPECIAL DAY SCHOOL FOR E.S.N. PUPILS

This School was opened in September, 1957, and provides 100 places, 50 of which are taken up by pupils from Wakefield and 26 by pupils from the West Riding County. It is expected that the total places will soon be taken up.

HORNSEA SEASIDE SCHOOL

This School was open from the 12th April, 1957, until the 27th September, 1957, when the last batch returned home.

During the period 816 children (433 boys and 383 girls) were in residence, the boys for a period of three weeks each and the girls for a period of two weeks each. The average number of children in each batch was 68.

The School closed a fortnight earlier than usual because of an outbreak of Influenza.

SPEECH THERAPY CLINIC**Report of the Speech Therapist, by Miss Olwen Parry, L.C.S.T.**

During the year ended 31st December, 1957, 232 treatment sessions have been completed in the Speech Therapy Clinic.

The following statistics are indicative of the work which has taken place during the year.

Number of children on treatment list in January, 1957	..	29
Number of children on waiting list in January, 1957	..	15
Number of children referred during 1957	.. ..	35
Number of children interviewed	.. ..	36
Number accepted for treatment	.. ..	28

Number now receiving treatment	..	..	..	..	35
Number on the waiting list (December, 1957)	..	..	..	..	12
Number of children discharged	..	..	..	..	17
Reason for discharge:—					
Normal speech attained	..	..	..	..	16
Transferred to residential school	..	..	..	..	1
Of those discharged with normal speech:—					
<i>Previous defect</i>					<i>Number</i>
Defective articulation	..	..	..	..	12
Stammer	..	..	..	..	2
Defective articulation and stammer	..	..	..	..	2
Total					16

ARTIFICIAL SUNLIGHT CLINIC

This Clinic is held at The Cliffe, Margaret Street. Cases are referred from all clinics and by private practitioners. The number of examinations carried out during 1957 by medical officers was 76, and the total attendances amounted to 1,547.

Classification of Defects	Cases seen in the current year	
	Cases seen for the first time in 1957	First seen in previous years
Debility after Infectious Disease	—	1
Debility with nervous symptoms	—	2
Debility with Catarrhal symptoms	1	2
Debility with Cervical Adenitis	2	3
General Debility	10	4
Bronchitis and Asthma	13	3
Miscellaneous conditions	6	3
Totals	32	18

VACCINATION AGAINST TUBERCULOSIS

In 1956 the City Council authorised me to offer to all school children in the 13 year age group the opportunity of being Mantoux tested and where necessary vaccinated with B.C.G. This scheme which commenced in January, 1957, has been carried out largely by Dr. J. K. Butterfield, the Assistant School Medical Officer, who has provided the information on which this report is based.

For several years the Chest Physician of the Regional Hospital Board has been vaccinating contacts of persons suffering from tuberculosis.

The reason for selecting this age group is to give a child a degree of immunity against tuberculosis before it leaves school to take up a more strenuous life as a working member of the population.

The co-operation between the Director of Education and the head teachers of the secondary schools in the City was sought and it is largely due to their energy that the response to B.C.G. vaccination has been so great. Of the children in the appropriate age group eligible for B.C.G. vaccination nearly half took advantage of the scheme.

Skin tests (which consists of an injection under the skin of the forearm) were actually completed on 455 children which represents 42 per cent. of the 13 year age group. As will be seen from the table below 21 per cent. of these children gave a positive reaction which showed that they had at some time been exposed to tuberculous infection. Negative readings were obtained from 356 (78 per cent.) children who were then given B.C.G. vaccination. Those given B.C.G. vaccination were subsequently re-tested, when it was found that in all cases the vaccine had provided them with immunity to tuberculosis.

Tuberculin Testing and B.C.G. Vaccination of Wakefield School Children born during 1944.

	<i>No.</i>	<i>%</i>
Children born in the year 1944 who were offered B.C.G.	1071	100
Children whose parents accepted	456	42

	<i>No.</i>	<i>%</i>
Of those accepted:		
Children given the Mantoux (skin) Test	455	100
Children who had a positive reaction ..	99	22
Children who had a negative reaction and were given B.C.G.	356	78
Of the children given B.C.G. vaccination:	356	100
Children given a further Mantoux (skin) Test who had a positive reaction ..	352	99
Absentees	4	1

CHILD GUIDANCE CLINIC

The Consultant Psychiatrist, Dr. D. Fenton Russell, has kindly supplied me with the following report on the work of the Child Guidance Clinic during 1957.

The Child Guidance Clinic continues to perform a useful function in the School Medical Service.

The statistical analyses reveal little material change. The waiting list remains relatively unchanged.

The majority of children referred to the Clinic during the year were found to be seriously disturbed. In 75 per cent. of the cases treated, unfavourable environmental conditions were found to be the underlying cause of the emotional disturbance or anxieties. When these children are compared with adolescents attending the Health Service Clinics, one is impressed not only by the usefulness of such a Unit as we have, but by the value that it would be to a great number of other children. This may be due to the fact that we are not sufficiently linked up with the General Practitioners and that the work is too departmentalised.

Short statistical analysis of the children seen at Child Guidance Clinical Sessions.

Total number of cases seen at the Child Guidance Centre	130
Total number of cases seen at the Child Guidance Clinic	62
Number of Psychiatric Sessions held by Dr. Fenton Russell	28
Number of Psychiatric Sessions held by Dr. H. B. Kidd	42
(Dr. Kidd ceased duties in Wakefield at the end of the first week in October, 1957.)	
Number of Psychiatric Interviews (Dr. Fenton Russell)..	165
Number of Psychiatric Interviews (Dr. H. B. Kidd) ..	158
CHILDREN SEEN	62

DISPOSAL

Taken on for Intensive Treatment	..	..	..	24
Taken on for Periodic Treatment	..	..	..	9
Advice and Diagnosis	..	..	..	24
Put on Waiting List for treatment	..	..	..	2
Put on Waiting List for weekly play therapy by Educational Psychologist under Psychiatric direction..				3
				<hr/> 62 <hr/>

DISCHARGES—

Court reports only	..	..	..	..	..	—
Diagnosis and Advice	..	..	..	..	..	7
Transferred to other authority	..	..	..	..	..	3
Withdrawn before examination	..	..	..	..	..	—
No co-operation	..	..	..	..	..	3
Improved	..	..	..	..	..	7
Withdrawn against medical advice	..	..	..	..	..	1
						<hr/> 21 <hr/>

DETAILS OF 34 TREATMENT CASES—

Sex Distribution: Boys	..	..	..	..	..	25
Girls	..	..	..	..	..	8
						<hr/> 33 <hr/>

TYPES CLASSIFIED ACCORDING TO PREDOMINANT PSYCHOLOGICAL FEATURES—

1. Delinquency — lying, stealing, truanting, sex misdemeanours	..	..	..	..	..	12
2. Behaviour disorders — out of control, violent tempers, defiance, etc., aggressiveness, negativistic behaviour	..	..	..	..	..	12
3. Backwardness and emotional immaturity	..	..	..	..	..	3
4. Nervous disorders — anxieties, hysterical, obsessional symptoms, tics, stammer	..	..	..	..	..	—
5. Habit disorders — enuresis and soiling as main symptoms	..	..	..	..	..	6
						<hr/> 33 <hr/>

TYPES CLASSIFIED ACCORDING TO AETIOLOGY—

1. Physical causes—	
(a) Direct — cerebral dysrhythmia, post encephalitic or post-meningitic state, spasticity, etc.	—
(b) indirect — gross physical defect, long hospitalisation	—
2. General development retardation and low intelligence including feeble-mindedness, with or without superimposed psychotic traits	4
3. Constitutional instability or abnormal temperamental disposition, with or without neurotic conflicts	3
4. Shock experiences	1
5. Unfavourable environmental conditions as main factor—	
(a) Home	25
(b) School	—
	<hr/>
	33
	<hr/>

DISTRIBUTION OF INTELLIGENCE—

1. *Range*: Of the children taken on for treatment the lowest I.Q. was 71 and the highest 145.
2. DISTRIBUTION—

Below average	4
Average	21
Above average	8

CURRENT CASES—

Number of children still under treatment at end of year 13

WAITING LIST—

Number on Waiting List at end of year 23

The Director of Education has given me the following information relative to the following Services.

SCHOOL MEALS SERVICE

During the year, 902,839 meals were supplied to Schools, compared with 967,233 for the previous year. The daily average for the year was 4,577, a decrease of 288 meals daily on the year 1956. This reduction in the daily average was caused by the cost of the meal being increased by the Ministry of Education from 10d. to 1s. 0d., as from the 1st April, 1957. The effect of this increase was an immediate reduction of approximately 13

per cent. However, this figure gradually declined throughout the rest of the year. The influenza epidemic in October caused a considerable drop in meals during that month, as well as great difficulty in the staffing of kitchens. Approximately 349 children received free meals daily. Free meals are allowed in cases of financial necessity, in accordance with an income scale drawn up by the Authority and approved by the Ministry of Education.

The daily average of third-pint bottles of milk was 8,353. This figure includes milk supplied to the Independent and Direct Grant Schools in the City.

In September the Authority re-opened the Belle Vue School as a Special School. A new scullery has been built on to the Assembly Hall and meals are served to the children in the Hall directly from the communicating scullery. The kitchen at the Kettlethorpe School was equipped during the year and will be brought into operation when the junior section of the school opens. Lavatory basins have been installed in all kitchens during the year, so that members of the staff can wash their hands without going elsewhere. This was to conform with the new Food Regulations. Bin shelters have been built at several kitchens, and it is now impossible for children to play round swill bins at any of the School Meals Kitchens.

The quality of the meal remains unchanged, and parents of children taking meals can be assured that the meal served to the children is of the very highest standard.

The menus for the School Meals Service are submitted to the Principal School Medical Officer.

PHYSICAL EDUCATION

It is interesting to note that the annual reports on Physical Education in the City indicate that there has been a definite trend towards developing the Motor and Aesthetic Educability of the children in their physical education lessons, rather than the rehabilitation of children suffering from some postural or similar defects. Indeed the changing of the name from Physical Training to Physical Education is symptomatic of this gradual change which has been taking place over the last few years. This can be accounted for in several ways — better facilities, better nutrition, increased medical and health services and also a more enlightened attitude to the subject by parents themselves.

In connection with this trend away from the purely corrective type of physical education, I should like to refer to an address by the Chief Education Officer for Eastbourne to the Annual Conference of the British Association of Lecturers and Organisers of Physical Education in May, 1950:

“Self advertisement is not generally a desirable trait of character, but I sometimes wonder whether the great significance of your work (physical education) and, in fact, its purpose is widely enough known. For far too many it is regarded as a corrective, an antidote to some other less popular school activity and not a fundamental and integral part of a general education, including all those aspects which afford the child the opportunity of contributing to his physical, intellectual and emotional development as he expresses himself in physical activities of all kinds.”

The past year has seen a further development of this move away from the remedial, and more opportunities have been provided for self expression in dance, mime, etc., as well as the more usual activities such as games, swimming, gymnastics.

By providing better facilities the scope of the work can be widened, and to this end the following improvements at Schools have been made:

Lawefield Lane	Extension to the Hall, floor treated, new apparatus installed.
St. John's C.E.	Floor sanded and polished.
Manygates Secondary	Floor renovated—new gymnasium planned for 1958-59.
Methodist	Floor renovated.
Ings Road	Gymnasium planned.
Belle Vue	Climbing apparatus, etc., installed.

It is becoming increasingly evident that there must be a closer liaison between the activities undertaken at School and those catered for at Adult and Youth Clubs, so that a smooth transfer can be made and children leaving school will continue with their physical education.

To assist this, courses have been arranged in Golf, Tennis, Judo and Football, all closely linked with existing clubs so that expupils and other adults will find it easier to join. Unfortunately many of these clubs are operating with difficulty in unsuitable

premises, and are thus limited in their appeal to youngsters leaving school.

Facilities at Almshouse Lane Baths allowed for one swimming lesson each week for all children in the top class of the Junior School and the first form of the Secondary School. Attendance was consistently good throughout the year, and a total of approximately 63,000 attendances was reached. Thirteen School Swimming Clubs used the daily period between 4.0 and 6.0 p.m., and 209 children gained R.L.S.S. Awards.

CHILD GUIDANCE SERVICE

The Child Guidance Service comprises the Child Guidance Centre (sometimes called the School Psychological Service) and the Child Guidance Clinic (also known as the Child Psychiatric Clinic).

In general, it may be said that the Child Guidance Service deals with any problems or difficulties which show themselves in school, or, if they show themselves in the home only, are likely to affect the child's educational progress eventually. Some of the problems dealt with are of a general nature. Thus the Educational Psychologist is responsible to the Director of Education for giving advice on psychological problems generally. He is particularly concerned with the educational guidance and classification of normal as well as handicapped and maladjusted children, e.g. the assessment of borderline pupils for grammar school entrance and problems of selection for various technical and academic courses. Such work is undertaken at the Child Guidance Centre.

The greater part of the time, however, is spent on work with individual children. Advice and help are available to all parents and teachers. Examples of problems dealt with are: a general failure to make educational progress, particular difficulties in reading and arithmetic, difficulties in social adjustment, physical symptoms for which no organic cause can be detected. In all such cases, advice and, where possible, treatment are given.

The Child Guidance Centre is more closely concerned with educational problems and with the less serious cases, whilst the Child Guidance Clinic is reserved for those children who may need medical help in order to preserve or regain mental health. The two services are closely connected and share some of their

staff. The Psychiatrist and Social Worker are members of both, but the Psychiatrist works in the Clinic, the Remedial Teacher in the Centre only.

During 1957, 130 pupils were referred to the Child Guidance Service as a whole. 40 of these were eventually referred to the Child Guidance Clinic. Most of these were seen at Snapethorpe Hall. In addition, 274 pupils were examined at school, 17 pupils entered the Remedial Class, and 14 were discharged as improved.

Altogether the children referred to and discharged from the Child Guidance Centre and Clinic in 1957 may be grouped as follows:—

Cases referred

Referred for backwardness	39
Referred for behaviour difficulties, e.g. enuresis, anxiety states, lying and stealing	32
Referred for completion of Part II of Form 2 H.P.	44
Referred for advice	15
	<hr/>
	130

Cases Discharged

Improved condition	45
Completion of Part II of Form 2 H.P.	47
Withdrawn before examination	1
Unco-operative	7
Advice only	50
Transferred to other authority	7
Left School.. .. .	8
Withdrawn against medical advice	1
Left the area	2
	<hr/>
	168

A detailed survey by the Consultant Psychiatrist on the Child Guidance Clinic in particular will be found elsewhere in this report.

For most of the year we had the services of two psychiatrists. The majority of the sessions were held by Dr. H. B. Kidd. He did much to consolidate the service through his valuable help to children and parents. Unfortunately, Dr. Kidd left at the beginning of October, and for the remainder of the year the Psychiatric services at the Authority's disposal were not adequate.

The Educational Psychologist is responsible to the Director of Education for the administration of the Child Guidance Centre and to the Principal School Medical Officer for the routine administration of the Child Guidance Clinic. Close contact was maintained with both Departments. The Deputy Principal School Medical Officer acted as Physician to the Child Guidance Service throughout the year, and the Director of Education acknowledged his very valuable help and advice.

PROVISION OF CLOTHING

Under the provisions of the Education (Miscellaneous Provisions) Act, 1948, the Education Authority has provided clothing for 142 children during the year. The children came from 76 different families.

The number of children supplied with clothing under the Scheme during 1957 was 100.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1957.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	952
Intermediates	576
Leavers	508
Total	2036

Number of other Periodic Inspections	83
Grand Total	2119

B.—OTHER INSPECTIONS

Number of Special Inspections	2614
Number of Re-inspections	373
Total	2987

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table III.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	23	115	121
Intermediates	107	37	143
Leavers.. .. .	103	24	126
Total	233	176	390
Additional Periodic Inspections	1	1	2
Grand Total	234	177	392

D.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED IN THE AGE GROUPS RECORDED
IN TABLE I.A.

Age Groups	Number of Pupils Insp'cted	Satisfactory		Unsatisfactory	
		No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	952	945	99.27	7	0.73
Intermediates	576	574	99.65	2	0.36
Leavers	508	507	99.80	1	0.20
Additional Periodic Inspections	83	83	100.00	—	—
Total	2119	2109	99.52	10	0.48

TABLE II.

INFESTATION WITH VERMIN.

(i)	Total number of individual examinations in the schools by the school nurses or other authorised persons	8,904
(ii)	Total number of <i>individual</i> pupils found to be infested	88
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	31
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	21

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1957.

A.—Periodic inspections

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring treatment	Requiring observation
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	3	14	9	10	12	29
5.	Eyes— <i>a.</i> Vision ..	23	39	103	26	234	96
	<i>b.</i> Squint ..	14	5	1	—	18	5
	<i>c.</i> Other ..	2	4	1	1	4	5
6.	Ears— <i>a.</i> Hearing ..	1	—	1	5	2	9
	<i>b.</i> Otitis Media ..	13	17	4	2	19	24
	<i>c.</i> Other ..	1	11	4	5	7	16
7.	Nose or Throat ..	20	51	2	24	25	95
8.	Speech	8	11	—	6	11	25
9.	Lymphatic Glands ..	—	1	—	—	—	1
10.	Heart and Circulation ..	1	7	1	6	2	14
11.	Lungs	21	45	4	8	36	66
12.	Developmental—						
	<i>a.</i> Hernia ..	2	—	—	—	2	—
	<i>b.</i> Other ..	—	3	—	—	—	6
13.	Orthopaedic—						
	<i>a.</i> Posture ..	3	11	2	9	10	31
	<i>b.</i> Flat foot ..	9	5	1	4	13	14
	<i>c.</i> Other ..	4	64	1	14	7	104
14.	Nervous system—						
	<i>a.</i> Epilepsy ..	—	—	1	—	1	1
	<i>b.</i> Other ..	—	3	—	—	—	9
15.	Psychological—						
	<i>a.</i> Development ..	—	17	—	9	—	46
	<i>b.</i> Stability ..	—	10	—	2	—	16
16.	Abdomen	1	—	—	—	1	—
17.	Other	12	29	5	8	23	58

TABLE III. (continued)

B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	249	4
5	Eyes—(a) Vision	287	296
	(b) Squint	15	19
	(c) Other	171	8
6	Ears—(a) Hearing	7	10
	(b) Otitis Media	4	3
	(c) Other	36	4
7	Nose and Throat	111	101
8	Speech	7	15
9	Lymphatic Glands	—	—
10	Heart	—	5
11	Lungs	3	20
12	Developmental—		
	(a) Hernia	—	1
	(b) Other	—	5
13	Orthopaedic—		
	(a) Posture	6	12
	(b) Feet	13	15
	(c) Other	3	8
14	Nervous system—		
	(a) Epilepsy	—	—
	(b) Other	—	4
15	Psychological—		
	(a) Development	—	26
	(b) Stability	—	11
16	Abdomen	—	—
17	Other	2624	79

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.**

**GROUP 1.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases dealt with	
	by the Authority	other-wise
External and other, excluding errors of refraction and squint	166	—
Errors of refraction (including squint) ..	832	117
Total ..	998	117
Number of pupils for whom spectacles were		
(a) Prescribed	460	117

**GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT**

	Number of cases treated	
	by the Authority	other-wise
Received operative treatment		
(a) for diseases of the ear	—	14
(b) for adenoids and chronic tonsillitis ..	14	40
(c) for other nose and throat conditions	6	—
Received other forms of treatment	101	27
Total ..	121	81
Total number of pupils in schools who are known to have been supplied with hearing aids		
(a) in 1957	1	1
(b) in previous years	—	1

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

	by the Auth- ority	other- wise
Number of pupils known to have been treated at clinics or out-patient departments ..	59	—

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	—
Scabies	6
Impetigo	18
Other skin diseases	220
Total	244

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	62
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GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	35
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GROUP 7.—OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	2734
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	1
(c) Pupils who received B.C.G. vaccination ..	356
(d) Other than (a), (b) and (c) above (specify)	
1. Bronchitis	42
2. Heart	5
3. Hernia	3
4. Debility	33
Total ..	3174

TABLE V.
DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups	4686
(b) Specials	201
Total (1)	4887
(2) Number found to require treatment	3115
(3) Number offered treatment	2970
(4) Number actually treated	1783
(5) Attendances made by pupils for treatment ..	3901
(6) Half-days devoted to: Inspection	41
Treatment	459
Total (6)	500
(7) Fillings: Permanent Teeth	1697
Temporary Teeth	93
Total (7)	1790
(8) Number of teeth filled: Permanent Teeth ..	1573
Temporary Teeth ..	90
Total (8)	1663
(9) Extractions: Permanent Teeth	396
Temporary Teeth	1579
Total (9)	1975

(10)	Administration of general anaesthetics for ex- traction	285
(11)	Orthodontics—	
	(a) Cases commenced during the year	14
	(b) Cases carried forward from previous year ..	41
	(c) Cases completed during the year	18
	(d) Cases discontinued during the year	1
	(e) Pupils treated with appliances	8
	(f) Removable appliances fitted	11
	(g) Fixed appliances fitted	7
	(h) Total attendances	267
(12)	Number of pupils supplied with artificial dentures	Nil
(13)	Other operations:	
	Permanent teeth	224
	Temporary teeth	100
	Total (13)	324

